MICHIGAN DEPARTMENT OF PUBLIC HEALTH CENTER FOR SUBSTANCE ABUSE SERVICES

TREATMENT POLICY - 02

Subject: Acupuncture Effective Date: May 1, 1994

Revised: June 2001

Purpose:

To establish the standards for the use of acupuncture when it is used as adjunct therapy in substance abuse treatment.

Background:

In 1972, the use of auricular acupuncture for acute drug withdrawal was developed in Hong Kong. Shortly thereafter, Michael Smith, M.d., a psychiatrist at Lincoln Hospital in the South Bronx, New York City, started using it extensively. Dr. Smith developed a five-point auricular protocol, which has been adopted by the National Acupuncture Detoxification Association. The following ear points are used in the protocol: liver, kidney, lung, sympathetic nervous system, and shen men (spirit gate). Stimulation of these ear points reduces stress and anxiety, which allows the patient to be more receptive to counseling. It also lessens depression and insomnia. It alleviates the craving for substances, thus aiding in recovery.

Auricular acupuncture offers a low-cost way to enhance outcomes and lower the total cost of substance abuse treatment. It has been shown to be effective in relieving the symptoms of withdrawal from alcohol, heroin, and crack cocaine; making patients more receptive to treatment; reducing or eliminating the need for methadone; and lessening the chances of relapse. Auricular acupuncture has been used successfully in treating pregnant substance abusing women and drug-exposed infants who are going through withdrawal. Over 800 auricular acupuncture programs, including 700 in the United States, are presently using this protocol.

Non-auricular acupuncture points can also be used as part of an individualized acupuncture treatment plan when performed by a full body acupuncturist.

Acupuncture may be done as adjunct therapy to any treatment modality in any setting. Counseling, 12-step programs, relapse prevention, referral for supportive services, and life skills training are all components of a comprehensive program that can include acupuncture. Auricular acupuncture for substance abuse treatment appears to work best in a group setting. In keeping with the philosophy of Chinese Medicine, the patient is encouraged to be actively

involved in his/her own treatment and to see his/her substance abuse as part of his/her total emotional, physical, and spiritual health and its relationship to other people and the environment.

Procedure:

- (1) The Michigan Department of Community Health/Division of Substance Abuse and Quality Planning (MDPH/DSAQP) will allow expenditures for acupuncture as adjunct therapy in any substance abuse treatment sub element: residential, intensive outpatient, individual or group outpatient. For contracting purposes, the cost of acupuncture should be included in the cost of providing the sub-element of which it is a component. Acupuncture may be used either in drug-free or pharmacologically supported treatment.
- (2) Acupuncture must be performed by any of the following individuals: a)
 Medical Doctor, b) Doctor of Osteopathy, c) Oriental Medical Doctor, d)
 Licensed Acupuncturist, e) or one who holds a Certificate of Training in
 Detoxification Acupuncture issued by the National Acupuncture Detoxification
 Association. In accordance with Michigan law, acupuncture must be
 performed under the supervision of a person licensed to practice medicine in
 the state. The supervising physician need not be trained in acupuncture.
- (3) Disposable sterile needles must be used for all acupuncture treatments.
- (4) Funded programs providing acupuncture may be requested to provide special reports to MDPH/DSAQP.

REFERENCES

Brumbaugh, A. (1993). Acupuncture: new perspectives in chemical dependency treatment. Journal of Substance Abuse Treatment, 10, 35-43.

Bullock, M., Culliton, P. & Olander, R. (1989). Controlled trial of acupuncture for severe recidivist alcoholism. Lancet, 8652, 1435-1439.

Katims, J., Ng, L., & Lowinson, J. (1993). Acupuncture and transcutaneous electrical nerve stimulation: afferent nerve stimulation in the treatment of addiction. In J. Lowinson, P. Reiz, R. Millman, & J. Langrod (Eds.), Substance Abuse: A Comprehensive Textbook (pp. 574-583). Baltimore: Williams & Wilkins.

Lone P. (1991). Silencing crack addiction. <u>American Journal of Maternal Child</u> Nursing, 16(4), 202-205.

Smith, M. and Khan, I. (1993). <u>Acupuncture Helps Programs More than Patients</u>. Unpublished manuscript presented at the May 1993 National Acupuncture Detoxification Association Conference.